

**PRIVATE SPECIAL EDUCATION SCHOOLS
ANNUAL APPLICATION FOR APPROVAL 2006-2007**

**Complete all requested information. Retain a copy for your files.
Attach all required documentation.**

Mail to: Roberta Brown, Education Program Specialist
Arizona Department of Education
1535 W. Jefferson, Bin # 24
Phoenix, Arizona 85007
Phone: (602) 364-4006 Fax (602) 364-0428

**SECTION ONE
ADMINISTRATIVE INFORMATION**

Corporate Name: _____ **Entity CTDS #** 000000000

Mailing Address: _____

City, State Zip

Corporate Contact: _____
Name / Title

Phone # ____ (000) 000-0000 **Fax #** ____ (000) 000-0000

Email Address: _____ Email of above Corporate Contact

.....
School Administrator: _____
Name / Title

Phone # ____ (000) 000-0000 **Fax #** ____ (000) 000-0000

E-Mail Address: _____ Email of above school administrator

Check one:

☐ **Certified in an administrative area**
**Attach a copy of certification

☐ **Certified and experienced in appropriate area of special education**
**Attach a copy of certification and documentation of experience

SECTION TWO

STATEMENT OF ASSURANCES

The Applicant assures that special education programs and services approved by the Arizona Department of Education shall be operated in accordance with all applicable state and federal statutes, regulations, and policies; and the Applicant agrees to comply with all provisions of such requirements, regulations, and policies. **All requirements of the Individuals with Disabilities Education Act (IDEA '97), must be followed in identifying, evaluating, disciplining, and providing a free appropriate public education for the special education students placed at your school.**

The Applicant further agrees:

1. To accept all responsibilities related to the provision of special education and related services that are required of the public schools in Arizona. Instructional services will NOT be subcontracted in any part to any other program.
2. That any child placed through IEP process will not be discharged except through IEP process.
3. To provide special education and related services in compliance with the student's Individual Education Program (IEP).
4. To accept only students who meet the categorical eligibility criteria as defined in A.A.C. R7-2-401 et seq. for placement in the approved special education program, regardless of the placing or funding source
5. To provide teachers who are certified in the areas of exceptionality for which programs are approved
6. To provide professional ancillary services appropriate to the needs of children served by the facility.
7. To integrate students into public school programs as soon as feasible.
8. To report immediately in writing all changes in staffing or program to the Arizona Department of Education / Exceptional Student Services, to contracting public school districts and to state placing agencies.
9. To utilize facilities which are at least comparable to those used by the public schools of Arizona.
10. To maintain instructional services consistent with the curriculum submitted to the requirements of the Arizona Department of Education, and to submit this curriculum to contracting public school districts (or home school districts for voucher approved programs) for review to ensure that students will be eligible for promotion or graduation upon completion of the private school program.
11. To maintain student education records in accordance with A.R.S. 15-141, 20 U.S.C. 1232(g) and (h), 20 U.S.C. 1401, and 34 C.F.R. Part 99 and 34 C.F.R. 300.560 through 576.
12. To maintain full and accurate records of operation pursuant to this application and make these records available to the Arizona Department of Education and contracting public school districts, for examination and audit, at any reasonable time and place. No placing agency will be billed for any services for which the applicant agency receives revenue from other sources.
13. To permit on-site monitoring of the program by the Arizona Department of Education, or its designees, and/or by representatives of the contracting public schools.
14. That no person shall, on the basis of race, color, national origin, disability, or sex be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance. Admissions policies for private schools are understood and agreed to be part of such programs. The applicant agrees to ensure compliance with the Governor's Executive Order 75-5 prohibiting discrimination in employment, as well as Title VI of the Civil Rights Act (45 U.S.C. 2000(d); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681-1683); Section 504 of the Rehabilitation Act (29 U.S.C. 794); the Age Discrimination Act (42 U.S.C. 6010); and the Americans with Disabilities Act (42 .12101 et. seq.).

The Applicant recognizes and agrees that approval status and financial assistance from public funds will be based on the representations and agreements made in these assurances, and that the United States and the State of Arizona, individually or jointly, shall have the right to seek judicial enforcement of these assurances. These assurances are binding on the Applicant, and the person whose signature appears below is authorized to sign these assurances on behalf of the Applicant.

By: _____
Authorized Signature Date

Authorized Name and Title
Authorized name and title

SECTION THREE PROVISION OF SERVICES

Please check disability categories for which you wish to be approved (approval based on appropriate certification):

| | CATEGORY | TEACHER CERTIFICATION REQUIRED |
|---|--|---|
| <input type="checkbox"/> | Autism (A) | Cross-Categorical or LD, ED, or MR with courses (3 credits) or training (40 hrs) in Autism |
| <input type="checkbox"/> | Emotional Disability (ED) | ED, or Cross-Categorical |
| <input type="checkbox"/> | Hearing Impaired (HI) | HI |
| <input type="checkbox"/> | Mild Mental Retardation (MIMR) | MR or Cross-Categorical |
| <input type="checkbox"/> | Moderate Mental Retardation (MOMR) | MR or Cross-Categorical |
| <input type="checkbox"/> | Orthopedic Impairment (OI) | OI or Cross-Categorical |
| <input type="checkbox"/> | Other Health Impaired (OHI) | OHI or Cross-Categorical + needed healthcare provider |
| <input type="checkbox"/> | Severe Mental Retardation (SMR) | MR or Severely And Profoundly Disabled |
| <input type="checkbox"/> | Specific Learning Disability (SLD) | LD or Cross-Categorical |
| <input type="checkbox"/> | Speech-Language Impairment (SLI) | Speech And Language Impaired |
| <input type="checkbox"/> | Traumatic Brain Injury | Certification required for co-occurring disability category |
| <input type="checkbox"/> | Visually Impaired (VI) | VI |
| <input type="checkbox"/> | Preschool Language Delay (PSL) | Early Childhood Special Education |
| <input type="checkbox"/> | Preschool Moderate Delay (PMD) | Early Childhood Special Education |
| <input type="checkbox"/> | Preschool Severe Delay (PSD) | Early Childhood Special Education |
| <input type="checkbox"/> | Non-Special Education **Requires submission of North Central Accreditation certificate** | |
| ATTENTION: If you request approval for either of the two following categories, you must identify the contributing categories for which you will provide direct service. | | |
| <input type="checkbox"/> | Multiple Disabilities (MD): <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> OI <input type="checkbox"/> MOMR <input type="checkbox"/> MIMR <input type="checkbox"/> ED <input type="checkbox"/> SLD. | All Certifications Required For Contributing Categories |
| <input type="checkbox"/> | Multiple Disabilities-Severe Sensory Impairment (MDSSI): <input type="checkbox"/> Severe HI <input type="checkbox"/> Severe VI <input type="checkbox"/> MOMR <input type="checkbox"/> SMR <input type="checkbox"/> Severe ED | All Certifications Required For Contributing Categories |

SECTION FOUR
SCHOOL SITE INFORMATION
(COMPLETE SEPARATE PAGE FOR EACH SITE)

School Name: _____ Name of School or Site **Site CTDS #** 000000000

Physical Address: _____ Street _____ City, _____ State _____ ZipCode

Site Contact Person: _____ Name and title
Name / Title

Site Phone # (000) 000-0000 **Fax #** (000) 000-0000

Site E-Mail Address: _____ Email for Site Contact Person

School District(s) in which site is located: Elementary and Union High, or Unified District

This site is: (Check one only)

- ☐ Day Program Only
☐ Residential School Only
☐ Both Day and Residential

Was this site approved for the 2005-2006 school year? ☐ YES ☐ NO

**** If "NO", site must be inspected by ADE before final approval will be given. ****

Check all grades to be served at this site:

- ☐ PreSchool "Description of Service Delivery" form must be completed and submitted to be approved for this grade level.
- ☐ Kindergarten
- | | | | |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> First | <input type="checkbox"/> Fourth | <input type="checkbox"/> Seventh | <input type="checkbox"/> Tenth |
| <input type="checkbox"/> Second | <input type="checkbox"/> Fifth | <input type="checkbox"/> Eighth | <input type="checkbox"/> Eleventh |
| <input type="checkbox"/> Third | <input type="checkbox"/> Sixth | <input type="checkbox"/> Ninth | <input type="checkbox"/> Twelfth |

SECTION FIVE
CERTIFIED STAFF LIST
for
Name of Site

*****Students placed through the IEP process (all day school) must be served with a student-teacher ratio no greater than 8-1 or 12-1 with a paraprofessional**

| Name of Teacher | Special Education Certifications Held (Check all that apply) | Certificate Number | Expiration Date | Change | Date of Change | Administrator Initials |
|-----------------|---|-----------------------|--------------------|---|-------------------|---------------------------|
| | <input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | |
| | <input type="checkbox"/> Cross Categorical <input type="checkbox"/> ED <input type="checkbox"/> LD <input type="checkbox"/> MR <input type="checkbox"/> OHI <input type="checkbox"/> OI <input type="checkbox"/> HI <input type="checkbox"/> VI <input type="checkbox"/> SLI <input type="checkbox"/> Severe/Profound <input type="checkbox"/> Early Childhood | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | |
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Add additional pages as needed

Staffing additions or deletions made throughout the year must be submitted on this form within 10 days of any change.